



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a posttravel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Eric Einhorn Name of Traveler:
Sen. Schatz Employing Office/Committee:
Interactive Advertising Bureau Travel Expenses Paid by (List all sources):
May 2, 2018 Travel Date(s):
Description/Title of Attached Forms:
Updated RE-2 with actual costs. Original submission contained good faith estimates
provided by sponsor. I submitted the good faith estimate because actuals were not
yet available when I submitted the form.
Purpose of Amendment (describe the reason for amending original submission): See above
· · · · · · · · · · · · · · · · · · ·

(Date)

(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

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SECRETARY OF THE SEWATE
PUBLIC RECORDS
2018 AUG -8 PM 1:52

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rube reimbursed/paid for		_	sures with respect to	travel expenses that have been	or wi
		rization (Form RE-1), <u>I</u> tification Form with all		y, invitee list, etc.)	
Private Sponsor(s) (lis	tall): Intere	active Advi	entismy Bu	mas	
Travel date(s): \(\sum_{\text{\chi}}	lay 2, 2018				
Name of accompanyin Relationship to Travel	g family member (if and er: \square Spouse \square (ny): \(\frac{\frac{1}{A}}{Child}		<u> </u>	
	COSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addi		SE OR DEPENDENT CHILD, ON	ILY
Expenses for Employ	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate ☑ Actual Amount	\$388 - Amtrak \$42.800 - Chartered van ground transportation	N/A	\$35	N/A	
Expenses for Accomp	panying Spouse or De	pendent Child (if applie	cable):		
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	N/A				
☐ Actual Amount					
		timeary in		Attach additional pages if	
8 /7 / 2018 (Date)	ERIC GIN	HORN tame of traveler)		(Signature of traveler)	
		MEMBER/OFFICER:			
	-	tion, lodging, and relate	d expenses as defined		avel
8/7/2019			Bria 5	Mol	

(Revised 1/3/11)

Form RE-2

(Signature of Supervising Senator Quiner)